

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2001 — 0 — 1

2. STATE:

MD

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

1-1-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.250

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 3,000,000

b. FFY 2002 \$ 5,000,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-b, Pages 95 & 113

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.19-b, Pages 95 & 113

10. SUBJECT OF AMENDMENT: This ~~new~~ State Plan Amendment allows the adjustment to the case mix weights for the differences in time for caring Alzheimer's residents and those with other related dementia compared to the general nursing home population. It also allows for a different bed value for licensed Alzheimer's units than for the remainder of the nursing facility.

GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

March 30, 2001

16. RETURN TO:

Rica Lewis-Payton, Executive Director
Attn: Rose Compere
Division of Medicaid
239 North Lamar Street, Suite 601
Jackson, MS 39201-1399

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 30, 2001

18. DATE APPROVED:

June 27, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. Granger

22. TITLE:

Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

Each of the thirty-four (34) resident classifications as well as the default classification have been assigned case-mix weights. The Mississippi base weights are listed in the following table for all M³PI categories. At such time that sufficient and relevant data is collected, the Mississippi Case Mix Advisory Committee may recommend re-calibration of the Mississippi case mix base weights. The weights will be adjusted for residents with Alzheimer's or related dementia based upon time studies conducted in nursing facilities.

MS MEDICARE/MEDICAID PAYMENT INDEX (M³PI)

34 CATEGORIES

EXTENSIVE CARE CATEGORIES

M³PI	MISSISSIPPI		
<u>GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>BASE WEIGHT</u>
SE3	Extensive Special Care 3	All ADLs > 6	2.839
SE2	Extensive Special Care 2	All ADLs > 6	2.316
SE1	Extensive Special Care 1	All ADLs > 6	1.943

REHABILITATION CATEGORIES

M³PI	MISSISSIPPI		
<u>GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>BASE WEIGHT</u>
RAD	Rehabilitation All Levels	ADL 17 - 18	2.284
RAC	Rehabilitation All Levels	ADL 14 - 16	1.936
RAB	Rehabilitation All Levels	ADL 10 - 13	1.772
RAA	Rehabilitation All Levels	ADL 4 - 9	1.472

TN NO 2001-01
SUPERSEDES

TN NO 98-10

DATE RECEIVED

DATE APPROVED

DATE EFFECTIVE

MAR 30 2001

JUN 27 2001

JAN 01 2001

will be estimated using a five year moving average of the most recent cost indices for Jackson, MS. For example, in computing the rates for the year January 1, 2001 through December 31, 2001, the new bed value will be indexed to January 1, 2001 using the estimated index. Adjustments to the new bed value will be made for licensed Alzheimer's units based on the additional construction costs required to be licensed as an Alzheimer's unit.

2. The fair rental system establishes a facility's value based on its age. The older the facility, the less its value. Additions, replacements, and renovations will be recognized by lowering the age of the facility and, thus, increasing the facility's value. Facilities, one year or older, will be valued at the new construction bed value less depreciation of 1% per year according to the age of the facility. Facilities will not be depreciated to an amount less than seventy percent (70%) of the new construction bed value. For sales of assets closed on or after July 1, 1993, there will be no recapture of depreciation.

- a. Addition of Beds. The addition of beds will require a computation of the weighted average age of the facility based on the construction dates of

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	SUPERSEDES	DATE APPROVED	<u>JUN 27</u> 2001
TN NO	<u>99-14</u>	DATE EFFECTIVE	<u>JAN 01</u> 2001